

1989

## California Corporation Franchise or Income Tax Return

100

For income year beginning		MONTH	DAY	YEAR	and ending		MONTH	DAY	YEAR
<b>Affix Preaddressed Label</b>									
California corporation number				Federal employer identification number					
Corporation name									
Address									
City			State			ZIP code			
<b>A</b> Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized <input type="checkbox"/> IRC Section 338 Sale If a box is checked, enter date _____									
<b>B</b> Check here if income is included in a combined report of a unitary group ..... <input type="checkbox"/> If checked, indicate: <input type="checkbox"/> within/without California <input type="checkbox"/> wholly within California									
<b>C</b> Check here if the corporation is to be treated as a Real Estate Mortgage Investment Conduit (REMIC) for California purposes ..... <input type="checkbox"/>									
<b>D</b> Check here if this bank or corporation, in whole or in part, determines its income pursuant to a water's-edge election. Attach form FTB 1115. .... <input type="checkbox"/>									
<b>E</b> Does this corporation or bank and any of its related entities have either 1) property, payroll or sales in foreign countries that exceeds \$10,000,000; or 2) total assets everywhere that exceed \$250,000,000? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>F</b> Did this corporation or its subsidiary(ies) have a change in control or ownership, or acquire ownership or control of any other legal entity this year? (Do not leave this question blank) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>G</b> Check here if the corporation or combined group paid more than \$100,000 in local personal property taxes and/or business license taxes in California during this income year ..... <input type="checkbox"/>									
<b>H</b> Principal business activity code (Do not leave blank): ..... <input type="checkbox"/>									
<b>I</b> Check here if claiming enterprise zone or program area tax benefits: ... <input type="checkbox"/>									
<b>J</b> Check here if claiming technological property contribution tax benefits: ... <input type="checkbox"/>									
<b>K</b> Date incorporated: ..... <input type="checkbox"/> Where? .....									

State Adjustments	Description	Line	Amount
	1 Net income (loss) before state adjustments. See the Specific Line Instructions .....	1	
	2 Amount deducted for foreign or domestic tax based on income or profits .....	2	
	3 Amount deducted for tax under the provisions of the Bank and Corporation Tax Law .....	3	
	4 Interest on government obligations .....	4	
	5 Net capital loss carryover deducted on federal Form 1120 or 1120A, line 8 or line 9 .....	5	
	6 Depreciation in excess of amount allowed under California law (Schedule B) .....	6	
	7 Amortization in excess of amount allowed under California law (Schedule B) .....	7	
	8 Other additions. Attach schedule(s) .....	8	
	9 Total. Add lines 1 through 8 .....	9	
	10 Intercompany dividends .....	10	
	11 Other dividends .....	11	
	12 Water's-edge dividend deduction. Attach form FTB 2411 .....	12	
	13 Capital losses not deducted on federal Form 1120 or 1120A, line 8 or line 9 .....	13	
	14 Contribution adjustment .....	14	
	15 Net interest earned deduction for enterprise zone/program area investment .....	15	
	16 Other deductions. Attach schedule(s) .....	16	
	17 Total. Add lines 10 through 16 .....	17	
	18 Net Income (loss) after state adjustments. Subtract line 17 from line 9 .....	18	

If all income is derived from California sources, transfer the amount from line 18 to line 19. If income is derived from sources both within and without California, complete Schedule R and transfer the amount from Schedule R, line 24 to line 19 below.

Category	Description	Line	Amount
Calif. Net Income	19 Net income (loss) for state purposes .....	19	
	20 Net operating loss. Attach 1988 form FTB 3805Q .....	20	
	21 Net income for tax purposes. Subtract line 20 from line 19 .....	21	
Taxes	22 Tax _____% x line 21. See General Instr. B and C (not less than minimum franchise tax, if applicable) ...	22	
	23 Tax credits. See instructions .....	23	
	24 <b>Balance.</b> Subtract line 23 from line 22 (not less than minimum franchise tax, if applicable). ....	24	
	25 Alternative minimum tax. Attach Schedule P (100). See General Instruction I .....	25	
	26 <b>Total tax.</b> Add line 24 and line 25 .....	26	
Pay-ments	27 <b>a</b> Overpayment from prior year allowed as a credit .....	27a	
	<b>b</b> 1989 estimated tax payments .....	27b	
	<b>c</b> Amount paid with application for extension of time to file return .....	27c	
	<b>d</b> Dissolving/Withdrawing - Not applicable if formed after 1971. See Gen. Instr. N .....	27d	
Amount Due or Refund	28 <b>Tax due.</b> Subtract line 27 from line 26. Pay this amount with this return .....	28	
	29 <b>Overpayment.</b> Subtract line 26 from line 27 .....	29	
	30 Amount of line 29 to be credited to 1990 estimated tax .....	30	
	31 Amount of line 29 to be refunded .....	31	
	32 Penalties and interest. See General Instructions L and M .....	32	
	<input type="checkbox"/> Check box if estimate penalty was computed using Exception C or Exception D and attach form FTB 5806		
	33 <b>Total amount due.</b> Add line 28 and line 32. Pay this amount with this return .....	33	

**Schedule A Taxes Deducted**

(a) Nature of Tax	(b) Taxing Authority	(c) Amount

**Total Taxes Deducted.** Enter here and on Schedule G, line 17 .....**Schedule B Depreciation and Amortization** (attach form FTB 3885 or a detailed schedule in support of this schedule)**Part A. Depreciation Claimed**

1 Total depreciation claimed for federal purposes ..	
2 Allowable for state purposes .....	
3 Depreciation adjustment * .....	

\* If line 1 is greater than line 2, enter difference on line 3 and on side 1, line 6 or line 7.  
 If line 2 is greater than line 1, enter difference on line 3 and on side 1, line 16.

**Part B. Amortization Claimed**

1 Total amortization claimed for federal purposes ..	
2 Allowable for state purposes .....	
3 Amortization adjustment * .....	

**Note:** California has not adopted the federal Accelerated Cost Recovery System (ACRS). See exceptions on form FTB 3885.

**Schedule C Tax Credits** If the corporation completed Schedule P (100), do not complete this schedule.

1 Jobs credit (FTB 3524) .....		6 Research credit (FTB 3523) .....	
2 Enterprise zone hiring/sales and use tax credit (FTB 38052) .....		7 Orphan drug credit (FTB 3528) .....	
3 Program area hiring/sales and use tax credit (FTB 38052) .....		8 Low-income housing credit (FTB 3521) .....	
4 Employer child care program credit (FTB 3501) ..		9 Other (attach form, schedule or statement) ....	
5 Employer child care contribution credit (FTB 3501) ..		10 Total. Enter here and on Side 1, line 23 .....	

**Schedule D Cost of Goods Sold and/or Operations**

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 a Additional IRC Section 263A costs. Attach schedule .....	4a	
b Other costs. Attach schedule .....	4b	
5 Total. Add lines 1 through 4 .....	5	
6 Inventory at end of year .....	6	
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Schedule G, line 2 .....	7	

Method of inventory valuation ▶ .....

Was there any substantial change in the manner of determining quantities, costs or valuations between opening and closing inventory? ..... ☐ Yes ☐ No

If "Yes," attach an explanation. Enter California sales permit number (if any) ▶ .....

Check if the LIFO inventory method was adopted this income year for any goods (if checked, attach federal Form 970)..... ☐

If the LIFO inventory method was used for this income year, enter percentage (or amounts) of closing inventory under LIFO .....

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation?..... ☐ Yes ☐ No**Questions**

- L** Date business began in California or date income was first derived from California sources .....
- M** Accounting method used .....
- N** Location of principal accounting records .....
- O** Has the federal government redetermined your income tax liability for any prior year(s) which has not previously been reported? ☐ Yes ☐ No  
If yes, furnish copy of agent's report under separate cover.
- P** First return? (Check appropriate box(es))  
☐ New business or successor to previously existing business operated as a:  
☐ sole proprietorship ☐ partnership ☐ joint venture ☐ corporation ☐ other  
 (attach statement showing name, address and FEIN of previous business)
- Q** Enter corporation "doing business as" name .....
- R** Was the corporation's income included in a consolidated federal return? ..... ☐ Yes ☐ No
- S** Is this corporation a Regulated Investment Company for California purposes? ..... ☐ Yes ☐ No

- T** At any time during the income year, was more than 50% of voting stock:  
**a** of the corporation owned by any single interest? ..... ☐ Yes ☐ No  
**b** of another corporation owned by this corporation? ..... ☐ Yes ☐ No  
**c** of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? ..... ☐ Yes ☐ No  
 If **a**, **b** or **c** is "yes" furnish statement of ownership indicating pertinent names, addresses, and percentages of stock owned. If the owner(s) is an individual, provide the social security number.
- U** Have all required information returns (federal Forms 1099) been filed with the Franchise Tax Board?..... ☐ N/A ☐ Yes ☐ No
- V** Corporation headquarters are: ☐ Within California  
☐ Outside California, within the U.S. ☐ Outside the U.S.
- W** Corporation is: ☐ Apportioning U.S. income to California  
☐ Apportioning worldwide income to California ☐ Not apportioning income  
☐ Electing to file on a water's-edge basis and is affiliated with a bank or corporation which is not electing to file on a water's-edge basis

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer ▶	Title	Date	Telephone ( )
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN/FEIN
	Firm's name (or yours, if self-employed) and address ▶	FEIN ▶ Telephone ▶ ( )		

**Schedule E Compensation of Officers** Complete only if total receipts (Schedule G, line 1a plus lines 4 through 10) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	(d) Percent of stock owned	(e) Amount of compensation
1		%	%	
		%	%	
		%	%	
		%	%	
		%	%	

2 Total compensation of officers .....	
3 Less: Compensation of officers claimed in Schedule D and elsewhere on return .....	( )
4 Compensation of officers deducted on Schedule G, line 12 .....	

**Schedule F Bad Debts — Reserve Method** (Savings and Loan Associations, Banks & Financial Corporations only)

(a) Income year	(b) Accounts outstanding at end of the year	Amount added to reserve		(e) Amount charged against reserve	(f) Reserve for bad debts at end of year
		(c) Current year's provision	(d) Recoveries		
1984					
1985					
1986					
1987					
1988					
1989					

**Schedule G Computation of Net Income**

Income	1 a Gross receipts or gross sales .....	b Less returns and allowances .....	Balance ▶	1c	
	2 Cost of goods sold and/or operations (Schedule D) .....			2	
	3 Gross profit. Subtract line 2 from line 1 .....			3	
	4 Dividends (Schedule H) .....			4	
	5 a Interest on obligations of the United States and U.S. instrumentalities .....			5a	
	b Other interest. Attach schedule .....			5b	
	6 Gross rents .....			6	
	7 Gross royalties .....			7	
	8 Capital gain net income. Attach federal Schedule D (Form 1120) * .....			8	
	9 Ordinary gain (loss). Attach federal Form 4797 .....			9	
	10 Other income. Attach schedule .....			10	
	11 Total income. Add lines 3 through 10 .....			11	
Deductions	* Capital loss carryover deducted on line 8 must be restored to income on Side 1, line 5. Any net capital loss not reported on line 8 may be deducted on Side 1, line 13.				
	12 Compensation of officers (Schedule E) .....	12			
	13 Salaries and wages (not deducted elsewhere) .....	13			
	14 Repairs .....	14			
	15 Bad debts .....	15			
	16 Rents .....	16			
	17 Taxes (Schedule A) .....	17			
	18 Interest .....	18			
	19 Contributions. Attach schedule .....	19			
	20 Depreciation .....	20			
	21 Less depreciation claimed elsewhere on return ...	21a	21b		
	22 Depletion. Attach schedule .....	22			
	23 Advertising .....	23			
	24 Pension, profit-sharing, etc., plans .....	24			
	25 Employee benefit plans .....	25			
	26 Other deductions. Attach schedule .....	26			
	27 Total deductions. Add lines 12 through 26 .....			27	
	28 Net income before state adjustments. Subtract line 27 from line 11. Enter here and on Side 1, line 1 .....			28	

**Schedule H Dividend Income** (use additional sheet(s) if necessary and attach a detailed schedule of amounts)

(a) Name of Payer	(b) Dividend Received	(c) Stock Type: Common or Preferred

**Schedule L Balance Sheets**

	Beginning of income year		End of income year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash .....				
2 a Trade notes and accounts receivable .....				
b Less allowance for bad debts .....				
3 Inventories .....				
4 Federal and state government obligations .....				
5 Other current assets. Attach schedule(s) .....				
6 Loans to stockholders/officers. Attach schedule .....				
7 Mortgage and real estate loans .....				
8 Other investments. Attach schedule(s) .....				
9 a Buildings and other fixed depreciable assets .....				
b Less accumulated depreciation .....				
10 a Depletable assets .....				
b Less accumulated depletion .....				
11 Land (net of any amortization) .....				
12 a Intangible assets (amortizable only) .....				
b Less accumulated amortization .....				
13 Other assets. Attach schedule(s) .....				
14 <b>Total assets</b> .....				
<b>Liabilities and Stockholders' Equity</b>				
15 Accounts payable .....				
16 Mortgages, notes, bonds payable in less than 1 year .....				
17 Other current liabilities. Attach schedule(s) .....				
18 Loans from stockholders .....				
19 Mortgages, notes, bonds payable in 1 year or more .....				
20 Other liabilities. Attach schedule(s) .....				
21 Capital stock: a Preferred stock .....				
b Common stock .....				
22 Paid-in or capital surplus. Attach reconciliation .....				
23 Retained earnings - Appropriated. Attach schedule .....				
24 Retained earnings - Unappropriated .....				
25 Less cost of treasury stock .....		( )		( )
26 <b>Total liabilities and stockholders' equity</b> .....				

**Schedule M - 1 Reconciliation of Income per Books with Income per Return**

Do not complete this schedule if amount on Schedule L, line 14, column (d), is less than \$25,000.

1 Net income per books .....		7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax .....		a Tax-exempt interest \$ .....	
3 Excess of capital losses over capital gains .....			
4 Taxable income not recorded on books this year (itemize) .....		8 Deductions in this return not charged against book income this year (itemize)	
5 Expenses recorded on books this year not deducted in this return (itemize)		a Depreciation .....	
a Depreciation .....		b State tax refunds ...	
b State taxes .....			
c Travel and entertainment \$ .....		9 Total. Add line 7 and line 8 .....	
6 Total. Add lines 1 through 5 .....		10 Net income per return. Subtract line 9 from line 6.	

**Schedule M - 2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, line 24)**

Do not complete this schedule if amount on Schedule L, line 14, column (d), is less than \$25,000.

1 Balance at beginning of year .....		5 Distributions: a Cash .....	
2 Net income per books .....		b Stock .....	
3 Other increases (itemize) .....		c Property .....	
		6 Other decreases (itemize) .....	
4 Total. Add lines 1 through 3 .....		7 Total. Add line 5 and line 6 .....	
		8 Balance at end of year. Subtract line 7 from line 4.	